



City of Long Beach  
**Planning & Building Department**  
 333 W. Ocean Blvd., 4th Floor  
 Long Beach, CA 90802  
 (562) 570-6651 Fax: (562) 570-6753

# Plumbing Permit Application

APP-013 ver. 01.10.09

<b>PLEASE PRINT CLEARLY</b>				Project No.		Approved for PC Only					
1. PROJECT ADDRESS (NOT MAILING ADDRESS)				SUITE/UNIT NO.		DATE / /					
2. APPLICANT LAST NAME-FIRST NAME				PLEASE CHECK <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE / TENANT <input type="checkbox"/> AGENT FOR <input type="checkbox"/> DESIGNER <input type="checkbox"/> CONTRACTOR							
3. APPLICANT MAILING ADDRESS				E-MAIL ADDRESS							
4. CITY-STATE		ZIP		PHONE		FAX					
5. CONTRACTOR LAST NAME-FIRST NAME						STATE LICENSE NO. & TYPE					
6. CONTRACTOR MAILING ADDRESS				E-MAIL ADDRESS							
7. CITY-STATE		ZIP		PHONE		FAX					
8. CONTACT PERSON LAST NAME-FIRST NAME											
9. CONTACT PERSON MAILING ADDRESS				E-MAIL ADDRESS							
10. CITY-STATE		ZIP		PHONE		FAX					
11. DESCRIPTION OF WORK											
<table style="width:100%; border: none;"> <tr> <td style="width:25%; vertical-align: top;">           _____ FIXTURES (*TOTAL FROM BELOW)            _____ REPIPE WATER SERVICE ONLY            _____ HOSE BIBBS            _____ BACKFLOW &lt;2"            _____ ROOF DRAIN            _____ GREASE INTERCEPTOR            _____ BACKWATER VALVE            _____ GAS, DRAIN, VENT, ALTER/REPAIR         </td> <td style="width:25%; vertical-align: top;">           _____ GAS SYSTEM            _____ REPIPE GAS/WATER FIXTURE            _____ SPRINKLER (ANTISPHON) VALVE            _____ BACKFLOW &gt;2"            _____ AREA DRAIN            _____ SAND INTERCEPTOR            _____ SUMP PUMP            _____ MED/HIGH GAS METER            _____ ALTER SYSTEM &gt;2"         </td> <td style="width:25%; vertical-align: top;">           _____ ON LOT SEWER            _____ VACUM BREAKERS            _____ TRAP PRIMERS            _____ FIRE HOSE OUTLET            _____ PLANTER DRAIN            _____ OTHER INTERCEPTOR            _____ GAS PRESSURE REGULATOR         </td> <td style="width:25%; vertical-align: top;">           ADDITIONAL PLAN CHECK ITEMS:            _____ 1.5" - 2" WATER LINE ( ) SIZE            _____ 2.5" - 4" WATER LINE ( ) SIZE            _____ 5" WATER LINE ( ) SIZE            _____ HANDICAP FIXTURES            _____ INDUSTRIAL WASTE            _____ WET STANDPIPE            _____ MED PRESSURE GAS SYSTEM            _____ SUMP PUMP            _____ COMBO WASTE/VENT            _____ VENT SYSTEM            _____ MINIMUM HOSPITAL P/C         </td> </tr> </table>								_____ FIXTURES (*TOTAL FROM BELOW) _____ REPIPE WATER SERVICE ONLY _____ HOSE BIBBS _____ BACKFLOW <2" _____ ROOF DRAIN _____ GREASE INTERCEPTOR _____ BACKWATER VALVE _____ GAS, DRAIN, VENT, ALTER/REPAIR	_____ GAS SYSTEM _____ REPIPE GAS/WATER FIXTURE _____ SPRINKLER (ANTISPHON) VALVE _____ BACKFLOW >2" _____ AREA DRAIN _____ SAND INTERCEPTOR _____ SUMP PUMP _____ MED/HIGH GAS METER _____ ALTER SYSTEM >2"	_____ ON LOT SEWER _____ VACUM BREAKERS _____ TRAP PRIMERS _____ FIRE HOSE OUTLET _____ PLANTER DRAIN _____ OTHER INTERCEPTOR _____ GAS PRESSURE REGULATOR	ADDITIONAL PLAN CHECK ITEMS: _____ 1.5" - 2" WATER LINE ( ) SIZE _____ 2.5" - 4" WATER LINE ( ) SIZE _____ 5" WATER LINE ( ) SIZE _____ HANDICAP FIXTURES _____ INDUSTRIAL WASTE _____ WET STANDPIPE _____ MED PRESSURE GAS SYSTEM _____ SUMP PUMP _____ COMBO WASTE/VENT _____ VENT SYSTEM _____ MINIMUM HOSPITAL P/C
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*TOTAL FIXTURES		_____ BATHTUBS		_____ SHOWERS		_____ LAVATORY					
_____ TOILETS		_____ GARBAGE DISPOSER		_____ DISHWASHER		_____ LAUNDRY TRAY					
_____ SINKS		_____ AUTOMATIC WASHER		_____ DRINKING FOUNTAINS		_____ URINAL					
_____ WATER HEATER		_____ FLOOR DRAIN		_____ FLOOR SINK							
12. OCCUPANCY GROUP		TYPE OF CONSTRUCTION		UPC EDITION USED		NO. OF STORIES					
						CHANGE OF OCCUPANCY					
						FROM: TO:					
13. TOTAL SQUARE FEET OF THIS PROJECT											
COMM.		RES.		GAR.		MISC.					
14. VALUATION OF WORK COVERED BY THIS APPLICATION				NO. OF DWELLING UNITS		PRESENT USE					
\$											
15. FIRE SPRINKLERS				16. FIRE ALARM SYSTEMS		17. FIRE STANDPIPES					
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO					
18. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.						ISSUED BY (INITIALS)					
SIGNATURE:				DATE: / /							
<b>FOR DEPARTMENT USE ONLY</b>											
ZONE	SPECIAL SETBACK	SETBACKS F	S	R	CF TO PL	PAGE NO.	ZONING APPROVED <input type="checkbox"/> INT				
							PLANNING STAMP REQUIRED <input type="checkbox"/>				
NOTIFY THE CASHIER WITH ONE OF THE FOLLOWING:											
<input type="checkbox"/> Contractor with Workers' Compensation				<input type="checkbox"/> Contractor without Workers' Compensation							
<input type="checkbox"/> Developer with Workers' Compensation				<input type="checkbox"/> Developer without Workers' Compensation							
<input type="checkbox"/> Owner with Workers' Compensation				<input type="checkbox"/> Owner without Workers' Compensation							
Workers' Compensation Company Name				Expiration Date / /		Policy No.					
This information is available in alternative format by request to the Development Services Center at (562) 570-6651 or (562) 570-6793 TDD. Visit our website at <a href="http://www.longbeach.gov/plan">www.longbeach.gov/plan</a>											